Complete and send the form, exether with applicable fee(s), to:				P.O. Box 1450 Alexandria, Virginia 22313-1450			
3 FEB 13 2006 3			or <u>Fax</u>	or Fax (703) 746-4000 FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where and notification of maintenance fees will be mailed to the current correspondence address as pecifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for			
INSTRUCTIONS: Was form appropriate. All further corrections indicated unless corrections.	n should be used for trans espondence including the F low or directly otherwise	mitting the ISSUI latent, advance ord in Block 1, by (a)	E FEE and PUBLIC lers and notification specifying a new o	of maintenance fees orrespondence address	will be mailed to the current ;; and/or (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for	
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G. Peter Albert, J Foley & Lardner, 321 North Clark S Suite 2800 Chicago, IL 60610	dr. LLP itreet			l hereby certify that (States Postal Service	ertificate of Mailing or Trans his Fee(s) Transmittal is being with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
	T.					(Depositor's name)	
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		·					
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
. 09/938,357	08/23/2001		Slim Salah Souissi		05118-45 (6507/60484)	1601	
TITLE OF INVENTION: MI	ETHOD AND APPARATU	S FOR DISTRIBL	TED DATA TRAN	SFER OVER MULTII	PLE INDEPENDENT WIREL	ESS NETWORKS	
						D. T. NIE	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE F	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000 _	04/14/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS] .		
SMITH, CREIGHTON H		2645 45		455-454000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence)			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				>
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3				
Number is required. 3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON	THE PATENT (prin	t or type)	<u> </u>		
	an assignee is identified b	alone no occionee	data will annear on	the natent. If an assi	gnee is identified below, the	document has been filed for	
(A) NAME OF ASSIGN	. (E	B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Novatel: Wireless, Inc.			San Diego, CA				
Please check the appropriate	assignee category or category	ories (will not be pr	rinted on the patent)	: 🔾 Individual 🖔	Corporation or other private g	group entity Government	
4a. The following fee(s) are	p. Payment of Fee(s):						
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Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-14-50 (enclose an extra copy of this form).				
			Deposit Account N	iumber <u>06-145</u>	(enclose an extra	copy of this form).	7
5. Change in Entity Status	(from status indicated abov MALL ENTITY status. See	t) 37 CFR 1 27	h. Annlicant is	no longer claiming SN	IALL ENTITY status. See 37	CFR 1.27(g)(2).	1835
					the same for the small	estion identified above	09938357
NOTE: The Issue Fee and P interest as shown by the reco	rublication For (if required) ords of the United States Par	will not be accepte ent and Trademari	d from anyone other c Office.	than the applicant; a i	egistered anomey of agent, or	the assignee or other party in	
Authorized Signature	-) ·	Date FEBRUAR 9, 2006				0614	
Typed or printed name _	Registration No37,268				5600		
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